

10/ 551771

JC05 Rec'd PCT/PTO 03 OCT 2005

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	OLIGOPEPTIDES, COMPOSITION AND USE THEREOF AS ELICITORS OF THE NATURAL DEFENCES OF PLANTS
Attorney Docket Number::	0540-1038
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: OLIVIER  
Middle Name::  
Family Name:: BESNARD  
Name Suffix::  
City of Residence:: MONTPELLIER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 69, AVENUE DE CASTELNAU  
Address::  
City of Mailing Address:: MONTPELLIER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-34400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: MARTINEZ  
Name Suffix::  
City of Residence:: CAUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1, RUE DES CEVENNES  
Address::  
City of Mailing Address:: CAUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-34720

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: FLORINE

Middle Name::

Family Name:: CAVELIER

Name Suffix::

City of Residence:: CASTELNAU LE LEZ

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 7, RUE DU MARECHAL LEFEVRE

Address::

City of Mailing Address:: CASTELNAU LE LEZ

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-34170

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/01021	4/2/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::